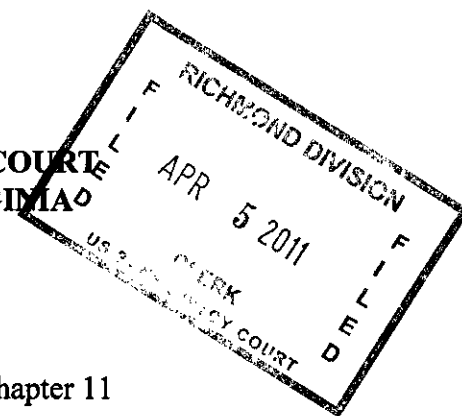


**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**



In re: _____ :
:
CIRCUIT CITY STORES, INC., et al., :
:
Debtors. :
:
_____ :

Chapter 11

Case No. 08-35653-KRH

(Jointly Administered)

RESPONSE TO CLAIM OBJECTION

The following response to the claim objection is on behalf of Claimant Audrey Soltis, claim number 15047. Ms. Soltis' claim stems from a motor vehicle accident occurring on November 19, 2005 in St. Cloud, Minnesota. Ms. Soltis sustained significant injuries when her vehicle was struck by a Circuit City delivery truck. Her estimated damages are comprised of accident related medical expenses and pain and suffering, as detailed in her initial claim submission. See attached medical bills and physician report, (Exhibit 1).

According to the Notice of Objection, it appears the Ms. Soltis' claim was rejected due to late filing. Claimant requests that the Court overrule the objection to claimant's claim. The basis for this request is that Ms. Soltis was not provided timely notice despite advising Circuit City's representatives of the claim as far back as April 5, 2006. (Exhibit 2) Circuit City's claims administrator, Sedgwick Claims Management, acknowledged receipt of this notification on May 18, 2006. (Exhibit 3). Additional claim information was subsequently conveyed to Sedgwick, including a claim summary and demand for settlement.

Despite detailed notification provided to Circuit City's representatives, Ms. Soltis did not receive timely notice of the Bankruptcy Court filing deadline. Having received no such notice, a request was made to Sedgwick to provide the notice. (Exhibit 4) On May 26, 2009, Sedgwick provided the bankruptcy notification and the URL for additional information. (Exhibit 5) This notification postdated the filing deadline. Based on the untimely notice from Circuit City, Ms. Soltis should be provided relief from the bar date, allowing her reasonable time to submit her claim to the Court.

NO COPY PROVIDED FOR RETURN

NO RETURN ENVELOPE PROVIDED

Claimant's Notice Address for purposes of responses or future communications should be 325 33rd Avenue North, Suite 104, St. Cloud, Minnesota 56303. This is correctly identified in the current listing.

Dated this 4th day of April, 2011.

BUTWINICK & DONALDSON
ATTORNEYS, PLC

By 

Robert S. Butwinick - 227924
Attorney for Plaintiff
50 South Sixth Street
Suite 965
Minneapolis, MN 55402
(612)333-2343

AFFIDAVIT OF SERVICE

[illegible]

4th Tanya J. Manske, being first and duly sworn on oath, deposes and states that she did on this the day of April, 2011, deposit in the United States mail in St. Cloud, Minnesota, with sufficient postage thereon to:


Clerk of Bankruptcy Court
United States Bankruptcy Court
701 East Broad Street
Room 4000
Richmond, VA 32319

Jeffrey N. Pomerantz, Esq.
Andrew W. Caine, Esq.
(admitted pro hac vice)
Pachulski Stang Ziehl and Jones LLP
10100 Santa Monica Boulevard
Los Angeles, CA 90067

Lynn L. Tavenner, Esq.
Paula S. Beran, Esq.
Tavenner & Beran, PLC
20 North Eighth Street
2nd Floor
Richmond, VA 23219

the following papers with regard to the above matter:

- ## 1. Response to Claim Objection


Tanya J. Manske

Subscribed and sworn to before me
this 4th day of April, 2011.

Wm. Schuler
Notary Public

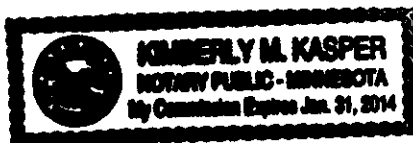


Exhibit 1

TWIN CITIES SPINE CENTER

Francis Denis, M.D.

January 13, 2009

Daryll C. Dykes, M.D., Ph.D.

Timothy A. Garvey, M.D.

Tanya Manske
Gempeler, Butwinick & Donaldson
325 33rd Avenue North, Suite 104
St. Cloud, MN 56303

John E. Lonstein, M.D.

Amir A. Mehbod, M.D.

Kevin J. Mullaney, M.D.

RE: Audrey A. Soltis
DOB: 05/21/1956
FILE NO: 223894

Joseph H. Perra, M.D.

Manuel R. Pinto, M.D.

Dear Ms. Manske:

James D. Schwender, M.D.

The following is a response to your letter dated 11-13-07.

Ensor E. Transfeldt, M.D.

Ms. Soltis was originally seen in consultation on 1-9-02. At this time she was 44 years of age. She described undergoing an attempted three level arthrodesis C4-C7. Postoperatively it was determined that she had an esophageal injury and spent several weeks in the hospital with multiple surgeries during this period. She had several areas that failed to heal. She had subsequent procedures performed posteriorly in order to address her non-union, as well as her cervical spondylosis. She notes that she was doing fairly well from these procedures until being involved in a motor vehicle accident on 11-19-05. After this accident her neck pain was described at the cervicothoracic junction. We attempted multiple rounds of non-operative care and most recently she has undergone a fusion procedure for cervical spondylosis at C7-T1. This was performed on 9-17-07.

Ronald A. Anderson,
Administrator

600 Piper Building

913 East 26th Street

Minneapolis, MN 55404-4515

Phone: 612-775-6200

Fax: 612-775-6222

e-mail: info@tcspine.com

Web site: www.tcspine.com

January 13, 2009
Page 2

To answer your questions 2-6 from your 11-13-07 correspondence, it is in my opinion that the motor vehicle accident of 11-19-05 was a substantial contributing factor to her ongoing neck symptoms requiring additional surgical management.

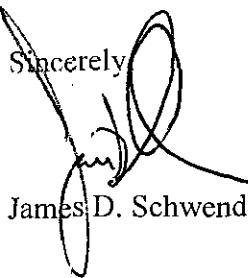
Ms. Soltis now has a fusion from C2-T1. Her range of motion is severely restricted from these procedures. Her range of motion should be no more than 5-10 degrees in all planes. I would restrict her from lifting any heavy weights or performing any overhead activity.

It is in my opinion that Ms. Soltis had a permanent injury from the accident on 11-19-05.

She is certainly at risk for adjacent segment spondylosis at the occipitocervical junction, as well as in her upper thoracic spine.

My opinions are based on a reasonable degree of medical certainty.

If any additional information is requested, please do so in writing.

Sincerely,


James D. Schwender, MD

JDS/ple

01/15/2009 12:32 FAX 6127756222

TWIN CITIES SPINE CTR.

002/002

MAKE CHECKS PAYABLE TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

IF PAID BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/15/09	\$51.50	1670
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

|||||
Soltis, Audrey A
10741 30th St
Bowling, MN 56314

REMIT TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE
09/24/08	ENCOUNTER 430553 FOR AUDREY WITH SCHWENDER, JAMES D MD				
09/24/08	99213 - Office/outpatient visit, est, mod	\$146.16		\$19.89	
10/15/08	Medica Payment (CP (Copay))	-\$79.55			
10/15/08	Medica Adjustment (CP (Copay))	-\$46.72			
09/24/08	72040 - X-ray exam of neck spine2-3 views	\$86.13		\$11.72	
10/15/08	Medica Payment (CP (Copay))	-\$46.88			
10/15/08	Medica Adjustment (CP (Copay))	-\$27.53			
	ENCOUNTER TOTAL	\$31.61	\$0.00	\$31.61	\$31.61
11/13/08	ENCOUNTER 440833 FOR AUDREY WITH SCHWENDER, JAMES D MD				
11/13/08	99213 - Office/outpatient visit, est, mod	\$146.16		\$19.89	
12/16/08	Medica Payment (CP (Copay))	-\$79.55			
12/16/08	Medica Adjustment (CP (Copay))	-\$46.72			
	ENCOUNTER TOTAL	\$19.89	\$0.00	\$19.89	\$19.89
Payment is due upon receipt. We accept VISA, Mastercard & Discover... Questions-call 612-775-8281 Thank-you					

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
1670	\$0.00	\$19.89	\$0.00	\$31.61	\$0.00	\$51.50

MESSAGE:

PLEASE PAY THIS AMOUNT \$51.50

01/29/2008 08:51 FAX 8127756

TWIN CITIES SPINE CTR.

002/00

MAKE CHECKS PAYABLE TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> VISA		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/29/08	CONTINUED	1670
SHOW AMOUNT PAID HERE \$		

STATEMENT

ADDRESSEE:

Soltis, Audrey A
10741 30th St
Bowlus, MN 56314

REMIT TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE	
02/15/06	ENCOUNTER 2149 FOR AUDREY WITH SCHWENDER MD, JAMES D					
02/15/06	99024 - Postop followup visit	\$0.00				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
05/17/06	ENCOUNTER 256127 FOR AUDREY WITH SCHWENDER MD, JAMES D					
05/17/06	99212 - Office/outpatient visit, est, low	\$86.70				
07/07/06	Commercial Payment	-\$86.70				
05/17/06	20552 - Inject sngl/mlt trig pt 1-2 mscgrp	\$147.29				
07/07/06	Commercial Payment	-\$147.29				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
09/13/06	ENCOUNTER 273634 FOR AUDREY WITH SCHWENDER MD, JAMES D					
09/13/06	99213 - Office/outpatient visit, est, mod	\$118.15				
10/12/06	Commercial Payment	-\$118.15				
10/12/06	Commercial Adjustment	\$0.00				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
12/13/06	ENCOUNTER 287810 FOR AUDREY WITH SCHWENDER MD, JAMES D					
12/13/06	99213 - Office/outpatient visit, est, mod	\$118.15				
01/11/07	Commercial Payment	-\$118.15				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
01/31/07	ENCOUNTER 297120 FOR AUDREY WITH SCHWENDER MD, JAMES D					
01/31/07	99212 - Office/outpatient visit, est, low	\$87.55				
02/26/07	Motor Vehicle Payment	-\$87.55				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
03/07/07	ENCOUNTER 302103 FOR AUDREY WITH SCHWENDER MD, JAMES D					
03/07/07	99213 - Office/outpatient visit, est, mod	\$141.10				
03/29/07	Motor Vehicle Payment	-\$141.10				
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
1670	\$0.00	\$10.72	\$0.00	\$0.00	\$0.00	\$10.72

MESSAGE:

PLEASE PAY
THIS AMOUNT »»»» CONTINUED

01/29/2008 08:51 FAX 612775F 2

TWIN CITIES SPINE CTR.

003/00

MAKE CHECKS PAYABLE TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> VISA		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/29/08	CONTINUED	1670
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

|||||
Soltis, Audrey A
10741 30th St
Bowls, MN 56314

REMIT TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE	
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
04/26/07	ENCOUNTER 310158 FOR AUDREY WITH GARVEY MD, TIMOTHY A.					
04/26/07	99241 - Office consultation, minor	\$113.90				
05/09/07	Motor Vehicle Payment	-\$113.90				
04/26/07	72050 - X-ray exam of neck spine, 4+ views	\$117.30				
05/09/07	Motor Vehicle Payment	-\$117.30				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
07/19/07	ENCOUNTER 326981 FOR AUDREY WITH SCHWENDER MD, JAMES D					
07/19/07	99213 - Office/outpatient visit, est, mod	\$141.10				
08/13/07	Motor Vehicle Payment	-\$141.10				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
09/17/07	ENCOUNTER 337812 FOR AUDREY WITH PAHL MD, DOUGLAS W					
09/17/07	22210A - Assist Revise cervical spine, posterior	\$1,180.90				
10/09/07	Motor Vehicle Payment	-\$295.23				
10/09/07	Motor Vehicle Adjustment	-\$885.67				
09/17/07	22600a - Assist Neck spine fusion (cerv,below C2)	\$828.38				
10/09/07	Motor Vehicle Payment	-\$621.29				
10/09/07	Motor Vehicle Adjustment	-\$207.09				
09/17/07	63020a - Assist Cervical spine disk surgery/decompress	\$760.92				
10/09/07	Motor Vehicle Payment	-\$570.69				
10/09/07	Motor Vehicle Adjustment	-\$190.23				
09/17/07	22840a - Assist Insert spine fixation, posterior	\$551.31				
10/09/07	Motor Vehicle Payment	-\$137.83				
10/09/07	Motor Vehicle Adjustment	-\$413.48				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
1670	\$0.00	\$10.72	\$0.00	\$0.00	\$0.00	\$10.72

MESSAGE:

PLEASE PAY
THIS AMOUNT »»»» CONTINUED

01/29/2008 08:51 FAX 6127756

TWIN CITIES SPINE CTR.

004/00

MAKE CHECKS PAYABLE TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/29/08	CONTINUED	1670
SHOW AMOUNT PAID HERE \$		

STATEMENT

ADDRESSEE:

|||||
Soltis, Audrey A
10741 30th St
Bowling, MN 56314

REMIT TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE	
09/17/07	ENCOUNTER 337812 FOR AUDREY WITH SCHWENDER MD, JAMES D					
09/17/07	22210 - Revise cervical spine, posterior	\$4,723.58				
10/09/07	Motor Vehicle Payment	-\$4,723.58				
09/17/07	22800 - Neck spine fusion (cerv,below C2)	\$3,313.51				
10/09/07	Motor Vehicle Payment	-\$2,485.13				
10/09/07	Motor Vehicle Adjustment	-\$828.38				
09/17/07	63020 - Cervical spine disk surgery/decompress	\$3,043.65				
10/09/07	Motor Vehicle Payment	-\$2,282.74				
10/09/07	Motor Vehicle Adjustment	-\$760.91				
09/17/07	22840 - Insert spine fixation, posterior	\$2,205.23				
10/09/07	Motor Vehicle Payment	-\$2,205.23				
09/17/07	20936 - Autograft, spine surgery, local	\$0.00				
09/17/07	22852 - Remove spine seg fixation dev, post	\$0.00				
	ENCOUNTER TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	
10/18/07	ENCOUNTER 344470 FOR AUDREY WITH SCHWENDER MD, JAMES D					
10/18/07	99024 - Postop followup visit	\$0.00				
12/03/07	Medica Adjustment (GLO (Global))	\$0.00				
12/03/07	Medica Payment (GLO (Global))	\$0.00				
10/18/07	72040 - X-ray exam of neck spine2-3 views	\$81.60		\$10.72		
11/05/07	Motor Vehicle Payment (EXH (Benefits Have Been Exhausted))	\$0.00				
12/03/07	Medica Payment (CP (Copay))	-\$42.86				
12/03/07	Medica Adjustment (CP (Copay))	-\$28.02				
	ENCOUNTER TOTAL	\$10.72	\$0.00	\$10.72	\$10.72	
12/13/07	ENCOUNTER 355265 FOR AUDREY WITH SCHWENDER MD, JAMES D					
12/13/07	99213 - Office/outpatient visit,est, mod	\$141.10				
01/18/08	Medica Adjustment	-\$61.87				
01/18/08	Medica Payment	-\$79.23				
12/13/07	72040 - X-ray exam of neck spine2-3 views	\$81.60				
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
1670	\$0.00	\$10.72	\$0.00	\$0.00	\$0.00	\$10.72

MESSAGE:

PLEASE PAY
THIS AMOUNT »»»» CONTINUED

01/29/2008 08:51 FAX 612775P 12

TWIN CITIES SPINE CTR.

005/00 0.0

MAKE CHECKS PAYABLE TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/29/08	\$10.72	1670
SHOW AMOUNT PAID HERE \$		

STATEMENT

ADDRESSEE:

|||||
Soltis, Audrey A
10741 30th St
Bowling, MN 56314

REMIT TO:

Twin Cities Spine Center
913 E 26th Street
Suite 600
Minneapolis, MN 55404

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION OF SERVICE	AMOUNT	INSUR BALANCE	PATIENT BALANCE	BALANCE
01/18/08	Medica Adjustment	-\$28.02			
01/18/08	Medica Payment	-\$53.58			
ENCOUNTER TOTAL		\$0.00	\$0.00	\$0.00	\$0.00
We have not received your payment. Please remit payment. Questions, call our office at 612-775-6281...Thank-you					

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
1670	\$0.00	\$10.72	\$0.00	\$0.00	\$0.00	\$10.72

MESSAGE:

**PLEASE PAY
THIS AMOUNT \$10.72**

St. Cloud Hospital**CENTRACARE Health System**1406 SIXTH AVENUE NORTH
ST. CLOUD, MN 56303-1901
(320) 255-5622
1 (800) 835-6618

FOR YOUR CONVENIENCE WE ACCEPT

PLEASE CHECK ONE AND
COMPLETE THE FOLLOWING:

Account No.

mo. yr.
Exp. DateAMT.
ENCL \$

Please detach & return portion when sending payment

BILL
TOAUDREY A SOLTIS
10741 30TH ST
BOWLUS, MN 56314

SERVICE DATE	CHARGE CODE	DESCRIPTION OF SERVICES RENDERED	CPT CODE	DAY-BATCH	QTY.	AMOUNT
03152006	0424028	420 REHAB				
		EXER (ROM STRNG FLEX)(15M	97110	16 005	1	54.05
03152006	0420414	PT EVALUATION	97001	16 005	1	162.70
03152006	0459412	PT SELF CARE/ADL/HM MGMT T	97535	16 005	1	54.05
03222006	0424028	EXER (ROM STRNG FLEX)(15M	97110	23 006	3	162.15
03292006	0424028	EXER (ROM STRNG FLEX)(15M	97110	30 006	2	108.10
		** SUBTOTAL **			8	541.05

St. Cloud Hospital**CENTRACARE Health System**

ACCOUNT NUMBER: 35698650013

ACCOUNT
BALANCE

541.05

2407

2407
7000
0000
0000

ACCOUNT NUMBER
35698650021

DATE ADMITTED
04/01/2006

DATE DISCHARGED
04/30/2006

PAGE
1

St. Cloud Hospital

CENTRA CARE Health System

1406 SIXTH AVENUE NORTH
ST. CLOUD, MN 56303-1901
(320) 255-5622
1 (800) 835-6618

PATIENT'S NAME

SOLTIS, AUDREY A

FOR YOUR CONVENIENCE WE ACCEPT



PLEASE CHECK ONE AND
COMPLETE THE FOLLOWING:

Account No.

mo yr
Exp. Date

BILL
TO

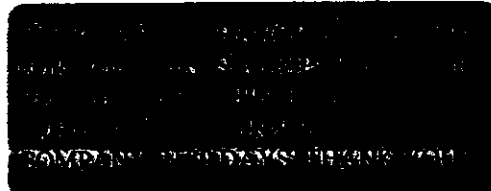
AUDREY A SOLTIS
10741 30TH ST

BOWLUS, MN 56314

AMT.
ENCL \$

Please detach & return portion when sending payment

SERVICE DATE	CHARGE CODE	DESCRIPTION OF SERVICES RENDERED	CPT CODE	DAY-BATCH	QTY.	AMOUNT
04042006	0424028	420 REHAB				
04072006	0424028	EXER (ROM STRNG FLEX)(15M	97110	05 006	2	108.10
04132006	0424028	EXER (ROM STRNG FLEX)(15M	97110	10 005	2	108.10
04212006	0424028	EXER (ROM STRNG FLEX)(15M	97110	17 005	2	108.10
		EXER (ROM STRNG FLEX)(15M	97110	25 006	2	108.10
		** SUBTOTAL **			8	432.40



St. Cloud Hospital

CENTRA CARE Health System

ACCOUNT NUMBER: 35698650021

ACCOUNT
BALANCE

432.40

St. Cloud Hospital**CENTRA CARE Health System**

1406 SIXTH AVENUE NORTH

ST. CLOUD, MN 56303-1901

(320) 255-5622

1 (800) 835-6618

2407

2407
1300
7000
0000

ACCOUNT NUMBER

35698650047

DATE ADMITTED

06/01/2006

DATE DISCHARGED

06/30/2006

PAGE

1

PATIENT'S NAME

SOLTIS, AUDREY A

FOR YOUR CONVENIENCE WE ACCEPT

PLEASE CHECK ONE AND
COMPLETE THE FOLLOWING:

Account No.

mo yr
Exp. DateBILL
TO

AUDREY A SOLTIS

10741 30TH ST

BOWLUS, MN 56314

AMT.
ENCL \$

Please detach & return portion when sending payment

SERVICE DATE	CHARGE CODE	DESCRIPTION OF SERVICES RENDERED	CPT CODE	DAY-BATCH	QTY.	AMOUNT
06012006	0428110	420 REHAB	97014	05 005	1	63.15
06012006	0424408	ELECTRICAL STIM (UNATT)	97035	05 005	1	54.05
06062006	0424770	ULTRASOUND (15 MIN)	97032	09 005	2	143.60
06222006	0459412	ELECTRICAL STIM (ATTENDED)	97535	25 006	1	54.05
06272006	0424556	PT SELFCARE/ADL/HM MGMT T	97140	29 006	1	54.05
06272006	0424408	MANUAL THERAPY (15 MIN)	97035	29 006	1	54.05
06292006	0424408	ULTRASOUND (15 MIN)	97035	30 005	1	54.05
06292006	0424556	ULTRASOUND (15 MIN)	97035	30 005	1	54.05
		MANUAL THERAPY (15 MIN)	97140	30 005	1	54.05
		** SUBTOTAL **			9	531.05

St. Cloud Hospital**CENTRA CARE Health System**

ACCOUNT NUMBER: 35698650047

ACCOUNT
BALANCE

531.05

St. Cloud Hospital

CENTRA CARE Health System

1406 SIXTH AVENUE NORTH
ST. CLOUD, MN 56303-1901
(320) 255-5622
1 (800) 835-6618

FOR YOUR CONVENIENCE WE ACCEPT



PLEASE CHECK ONE AND
COMPLETE THE FOLLOWING:

Account No.

mo. yr.
Exp. Date

AMT.
ENCL \$

Please detach & return portion when sending payment

BILL
TO

AUDREY A SOLTIS
10741 30TH ST
BOWLUS, MN 56314

SERVICE DATE	CHARGE CODE	DESCRIPTION OF SERVICES RENDERED	CPT CODE	DAY-BATCH	QTY.	AMOUNT
7072006	0424408	420 REHAB				
		ULTRASOUND (15 MIN)	97035	11 005	1	57.30
7112006	0424408	ULTRASOUND (15 MIN)	97035	13 006	1	57.30
7142006	0424408	ULTRASOUND (15 MIN)	97035	18 006	1	57.30
7182006	0424408	ULTRASOUND (15 MIN)	97035	20 005	1	57.30
7242006	0424408	ULTRASOUND (15 MIN)	97035	26 006	1	57.30
7252006	0424408	ULTRASOUND (15 MIN)	97035	27 005	1	57.30
		** SUBTOTAL **			6	343.80

ST. CLOUD HOSPITAL
CENTRA CARE HEALTH SYSTEM
RECORDS DEPARTMENT
1000 GRAND AVENUE
ST. CLOUD, MN 56303
COMPANY: 08/05/08 THANK YOU

St. Cloud Hospital

CENTRA CARE Health System

ACCOUNT NUMBER: 35698650054

ACCOUNT
BALANCE

343.80

STATEMENT OF ACCOUNT

St. Cloud Hospital

ACCOUNT NO. 35698650039 DATE DISCHARGED 05/31/2006 DATE OF STATEMENT 7/19/06 G-0000

CENTRACARE Health System

1406 SIXTH AVENUE NORTH
ST. CLOUD, MN 56303-1901
(320) 255-5622
1 (800) 835-6618

PATIENT NAME SOLTIS, AUDREY A

BILL TO

SOLTIS, AUDREY A
10741 30TH ST
-BOWLUS, MN 56314

FOR YOUR CONVENIENCE WE ACCEPT



PLEASE CHECK ONE AND
COMPLETE THE FOLLOWING:

Account No.

mm yr
Exp. Date

AMT. ENCL \$

PLEASE DETACH AND RETURN UPPER PORTION WHEN SENDING PAYMENT

DATE	DESCRIPTION	AMOUNT
PREVIOUS	REHAB	711.75
7 13 2006	ADJ MEDICA CONTRACT DISCT	21.75-
7 13 2006	PAYMENT MEDICA	660.68-
THE BALANCE OF YOUR ACCOUNT IS DUE.		
PLEASE REMIT PAYMENT IN FULL OR CONTACT OUR OFFICE.		

Unless arrangements have been made, payment in full is due upon receipt of this statement.

Make Check Payable to: St. Cloud Hospital
1406 6th Ave N,
St. Cloud MN 56303-1901

Payments received after statement date shown will appear on next months statement.

St. Cloud Hospital

CENTRACARE Health System

406 SIXTH AVENUE NORTH
ST. CLOUD, MN 56303-1901
(320) 255-5622
1 (800) 835-6618

ACCOUNT NO. 35698650039 STATEMENT DATE 7/19/06 PATIENT NAME SOLTIS, AUDREY A

If you are a privately-insured or self-pay patient, your bill includes state-imposed health care sales taxes totaling 3.06 percent

ACCOUNT
BALANCE

29.32

223894

ALDEN A BELT
10741 371 ST
BOWLING SP 5631-

ST CLARK HOSPITAL GROUP PC
4344 COUNTY OF ISA
ST CLARK, MO 63005

320 584-5471 444 195287 2 220 205-2740 2406 41002413

Date	Description	IC OPT4	ICDA Code	Charge	Pat/Ref	Art Due	Enc #
	SUMMARY FOR AUDREY WITH BABY			240.00	240.00-		32705351
1/21/05	OFFICE/OTHER OUT-PT VISIT 11	59213	7201	75.00			
11/19/05	DATE OF INQUIRY - AUTO REL 11						
1/21/05	CHEST X-RAY FLAT & UPRIGHT 11	74022	70900	65.00			
11/21/05	WEEK SPINE X-RAY 11	72057	7031	71.00			
1/21/05	SHOULDER X-RAY 11	73020	71511	44.00			
1/25/05	STATE FARM	11	*CLAIM FILED*	240.00			
2/12/05	MISC INS PAYMENT 11				240.00-		
	SUMMARY FOR AUDREY WITH LEGAN			94.00	94.00-		32701345
4/14/07	OFFICE/OTHER OUT-PT VISIT 11	59213	443 450	94.00			
4/24/07	MEDICA CHOICE 11		*CLAIM FILED*	94.00			
7/10/07	PATIENT RESPONSIBILITY 11			60.00			
7/10/07	MEDICA PROVIDER REDUCTION 11				17.12-		
8/05/07	CHECK - MEDICAL PAY 11				60.00-		
	SUMMARY FOR AUDREY WITH MOVED			60.00	40.00-	39.54	32117405
5/04/07	OFFICE/OTHER OUT-PT VISIT 11	59213	4419 4660	60.00			
5/12/07	MEDICA CHOICE 11		*CLAIM FILED*	60.00			
5/25/07	PATIENT RESPONSIBILITY 11			60.00			
7/25/07	MEDICA PROVIDER REDUCTION 11				7.00-		
8/25/07	MEDICA PAYMENT 11				41.00-		
	SUMMARY FOR AUDREY WITH BABY			110.00		110.00	32452170
0/00/07	OFFICE/OTHER OUT-PT VISIT 11	59213	7201	60.00			
0/02/07	TRADOL 15 MG 11	71085	7031	24.00			
0/05/07	VISTARIL 15 MG 11	70410	7031	3.10			
0/16/07	STATE FARM 11		*CLAIM FILED*	142.00			
0/25/07	PATIENT RESPONSIBILITY 11			15.00			

Current	30-Days	60-Days	90-Days	120-Days	Total Due
.00	153.37	.00	.00	.00	153.37

urgent care -
11-21-05
7412 300-
257-6742
Emily



599 Cardig Main Document
St. Paul, Minnesota 55126 USA

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER		SIGNATURE CODE*
SIGNATURE		EXP. DATE
PRINT CARDHOLDER NAME		
STATEMENT DATE	ACCT. #	PAY THIS AMOUNT
12-05-07	1167212	0.00
<input type="checkbox"/> DISCOVER & VISA - Last 3 digits on Back of Card <input type="checkbox"/> AMERICAN EXPRESS - Last 4 digits on Front of Card		SHOW AMOUNT PAID HERE \$

Patient Name: Soltis Audrey
Primary Insurance: STATE FARM
Secondary Insurance: None on file
BUSINESS RECEIPT

ADDRESSEE:

Soltis Audrey
10741 30th St
Bowlus, MN 56314

REMIT TO:

Empi
PO Box 71519
Chicago, IL 60694-1519

☐ Please note insurance or address change on the reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Empi, Inc - P.O. Box 71519 - Chicago, IL 60694-1519

Account Number		Statement Date		Patient Name		
1167212		12-05-07		Soltis Audrey		
Invoice Number	Transaction Date	Description	Amount Billed	Payments/Adjustments	Insurance Pending	Patient Responsibility
617361	03-24-94	ECLIPSE PLUS TENS PURCHASE	357.14			
	03-24-94	5000 REUSEABLE ELECTRODE	24.49			
		Original Invoice total:\$381.63				
	05-24-94	Pynt :STATE FARM		-381.63		
		No invoice balance remaining				
619441	04-28-94	A'Y PKG BULK PK 5220 ELEC	148.88			
		Freight	0.00			
		Original Invoice total:\$148.88				
	05-24-94	Pynt :STATE FARM		-148.88		
		No invoice balance remaining				
713855	07-11-94	PREP WIPE 54/BOX	8.93			
	07-11-94	TENS DEVICE CARRIER	24.44			
		Freight	6.00			
		Original Invoice total:\$39.37				
	10-10-95	Adjustment		-6.00		
	10-10-95	Adjustment		-33.37		
		No invoice balance remaining				
8258302	06-06-06	EMPI EPIX VT TENS PURCHASE	725.00			
		Original Invoice total:\$725.00				
	06-28-06	Submit to :STATE FARM				
	07-07-06	Pynt :STATE FARM		-725.00		
		No invoice balance remaining				
8258308	06-06-06	5215 ELECTR 2"RND 4/PK	45.20			
	06-06-06	LEADWIRE BLK 100CM/40"	35.00			

For billing inquiries please contact your medical billing representative:

Julie Laplant
800/328-2536, extension 8594
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Balance Due
From Patient:

MAKE CHECKS PAYABLE TO:

Filed 04/05/11 Entered 04/08/11 09:05 AM
Paying Entered 04/08/11 09:05 AM
CHECK CARD USING FOR PAYMENT599 Cardig Road
St. Paul, Minnesota 55126 USA

Page 19 of 22



CARD NUMBER		SIGNATURE CODE *
SIGNATURE		EXP. DATE
PRINT CARDHOLDER NAME		
STATEMENT DATE	ACCT. #	PAY THIS AMOUNT
12-05-07	1167212	0.00
DISCOVER & VISA - Last 3 digits on Back of Card AMERICAN EXPRESS - Last 4 digits on Front of Card		SHOW AMOUNT PAID HERE \$

Patient Name: Soltis Audrey
 Primary Insurance: STATE FARM
 Secondary Insurance: None on file

ADDRESSEE:

Soltis Audrey
 10741 30th St
 Bowlus, MN 56314

REMIT TO:

Empi
 PO Box 71519
 Chicago, IL 60694-1519

☐ Please note insurance or address change on the reverse side.
STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Empi, Inc - P.O. Box 71519 - Chicago, IL 60694-1519

Account Number		Statement Date		Patient Name		
1167212		12-05-07		Soltis Audrey		
Invoice Number	Transaction Date	Description	Amount Billed	Payments/ Adjustments	Insurance Pending	Patient Responsibility
	06-06-06	BATTERY NIMH 8.4V	32.90			
	06-06-06	CHARGER BATTERY EMPI 9V	20.55			
		Original Invoice total:\$133.65				
	06-27-06	Submit to :STATE FARM				
	10-03-06	Pymt :STATE FARM		-133.65		
	11-05-06	Pymt :STATE FARM		0.00		
		No invoice balance remaining				
8337465	07-28-06	6320 REUSABLE 1.5X2.5 4/PK	142.50			
	07-28-06	SKIN PREP 54/BX	15.45			
	07-28-06	LEADWIRE BLK 100CM/40"	35.00			
		Freight	15.65			
		Original Invoice total:\$208.60				
	07-29-06	Submit to :STATE FARM				
	08-08-06	Pymt :STATE FARM		-208.60		
		No invoice balance remaining				
8591848	10-24-06	6320 REUSABLE 1.5X2.5 4/PK	187.50			
	10-24-06	SKIN PREP 54/BX	22.95			
	10-24-06	BATTERY NIMH 8.4V	38.50			
		Freight	15.65			
		Original Invoice total:\$264.60				
	10-25-06	Submit to :STATE FARM				
	11-06-06	Pymt :STATE FARM		-264.60		
		No invoice balance remaining				
8684835	11-20-06	6320 REUSABLE 1.5X2.5 4/PK	187.50			
	11-20-06	SKIN PREP 54/BX	22.95			

For billing inquiries please contact your medical billing representative:

Julie Laplant
 800/328-2536, extension 8594
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

**Balance Due
 From Patient:**

FILED 04/05/11 ENTERED 04/08/11 09:51:16
 CHECK CARD USING FOR PAYMENT
 MASTERCARD DISCOVER VISA AMERICAN EXPRESS
 CARD NUMBER SIGNATURE CODE*
 SIGNATURE EXP DATE
 PRINT CARDHOLDER NAME
 STATEMENT DATE ACCT. # PAY THIS AMOUNT
 12-05-07 1167212 0.00
 DISCOVER & VISA - Last 3 digits on Back of Card
 AMERICAN EXPRESS - Last 4 digits on Front of Card
 SHOW AMOUNT PAID HERE \$

Patient Name: Soltis Audrey
 Primary Insurance: STATE FARM
 Secondary Insurance: None on file

ADDRESSEE:

Soltis Audrey
 10741 30th St
 Bowlus, MN 56314

REMIT TO:

Empi
 PO Box 71519
 Chicago, IL 60694-1519

☐ Please note insurance or address change on the reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Empi, Inc - P.O. Box 71519 - Chicago, IL 60694-1519

Account Number		Statement Date		Patient Name		
1167212		12-05-07		Soltis Audrey		
Invoice Number	Transaction Date	Description	Amount Billed	Payments/ Adjustments	Insurance Pending	Patient Responsibility
	11-20-06	LEADWIRE BLK 100CM/40"	43.00			
		Freight	15.69			
		Original Invoice total:\$269.14				
	11-21-06	Submit to :STATE FARM				
	12-04-06	Pymt :STATE FARM		-269.14		
		No invoice balance remaining				
8780766	12-19-06	6320 REUSABLE 1.5X2.5 4/PK	187.50			
	12-19-06	SKIN PREP 54/BX	22.95			
	12-19-06	BATTERY NIMH 8.4V	38.50			
		Freight	15.65			
		Original Invoice total:\$264.60				
	12-20-06	Submit to :STATE FARM				
	01-02-07	Pymt :STATE FARM		-264.60		
		No invoice balance remaining				
8866879	01-17-07	6320 REUSABLE 1.5X2.5 4/PK	187.50			
	01-17-07	SKIN PREP 54/BX	22.95			
	01-17-07	LEADWIRE BLK 100CM/40"	43.00			
		Freight	20.80			
		Original Invoice total:\$274.25				
	01-18-07	Submit to :STATE FARM				
	05-01-07	Pymt :STATE FARM		-274.25		
		No invoice balance remaining				
8974709	02-19-07	6320 REUSABLE 1.5X2.5 4/PK	187.50			
	02-19-07	SKIN PREP 54/BX	22.95			
	02-19-07	BATTERY NIMH 8.4V	38.50			

For billing inquiries please contact your medical billing representative:

Julie Laplant
 800/328-2536, extension 8594

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Balance Due
 From Patient:



599 Cardi Road
St. Paul, Minnesota 55126 USA

CHECK CARD USING FOR PAYMENT



CARD NUMBER

SIGNATURE CODE *

SIGNATURE

EXP. DATE

PRINT CARDHOLDER NAME

STATEMENT DATE

ACCT. #

PAY THIS AMOUNT

12-05-07

1167212

0.00

DISCOVER & VISA
Last 3 digits on Back of Card
AMERICAN EXPRESS
Last 4 digits on Front of Card

SHOW AMOUNT
PAID HERE

\$

ADDRESSEE:

REMIT TO:

Patient Name: Soltis Audrey
Primary Insurance: STATE FARM
Secondary Insurance: None on file
DATE OF BIRTH: 01/01/1951

Soltis Audrey
10741 30th St
Bowls, MN 56314

Empi
PO Box 71519
Chicago, IL 60694-1519

☐ Please note insurance or address change on the reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Empi, Inc - P.O. Box 71519 - Chicago, IL 60694-1519

Account Number		Statement Date		Patient Name		
1167212		12-05-07		Soltis Audrey		
Invoice Number	Transaction Date	Description	Amount Billed	Payments/Adjustments	Insurance Pending	Patient Responsibility
		Freight	20.80			
		Original Invoice total:\$269.75				
	02-20-07	Submit to :STATE FARM				
	03-05-07	Pymt :STATE FARM		-269.75		
		No invoice balance remaining				
9078970	03-21-07	6320 REUSABLE 1.5X2.5 4/PK	250.00			
	03-21-07	SKIN PREP 54/BX	22.95			
		Freight	20.80			
		Original Invoice total:\$293.75				
	03-22-07	Submit to :STATE FARM				
	04-02-07	Pymt :STATE FARM		-293.75		
		No invoice balance remaining				
9422177	06-22-07	6320 REUSABLE 1.5X2.5 4/PK	250.00			
	06-22-07	SKIN PREP 54/BX	22.95			
		Original Invoice total:\$272.95				
	06-23-07	Submit to :STATE FARM				
	07-09-07	Pymt :STATE FARM		-272.95		
		No invoice balance remaining				
9672808	08-25-07	6320 REUSABLE 1.5X2.5 4/PK	250.00			
	08-25-07	SKIN PREP 54/BX	22.95			
		Original Invoice total:\$272.95				
	08-26-07	Submit to :STATE FARM				
	09-10-07	Pymt :STATE FARM		-272.95		
		No invoice balance remaining				

For billing inquiries please contact your medical billing representative:

Julie Laplant
800/328-2536, extension 8594
PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Balance Due
From Patient:

MAKE CHECKS PAYABLE TO: **Empi** 599 Cardi, Main Document
 St. Paul, Minnesota 55126 USA

Filed 04/05/11 Entered 04/08/11 09:51:16 Desc
 Page 22 of 22

CHECK CARD USING FOR PAYMENT

MASTERCARD DISCOVER VISA AMERICAN EXPRESS

CARD NUMBER SIGNATURE CODE*

SIGNATURE EXP. DATE

PRINT CARDHOLDER NAME

STATEMENT DATE ACCT. # PAY THIS AMOUNT

12-05-07 1167212 0.00

DISCOVER & VISA - Last 3 digits on Back of Card
 AMERICAN EXPRESS - Last 4 digits on Front of Card

SHOW AMOUNT PAID HERE \$

REMIT TO:

Patient Name: Soltis Audrey
 Primary Insurance: STATE FARM
 Secondary Insurance: None on file
 DUE UPON RECEIPT

ADDRESSEE:
 Soltis Audrey
 10741 30th St
 Bowlus, MN 56314

Empi
 PO Box 71519
 Chicago, IL 60694-1519

☐ Please note insurance or address change on the reverse side. **STATEMENT** PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Empi, Inc - P.O. Box 71519 - Chicago, IL 60694-1519

Account Number		Statement Date	Patient Name			
1167212		12-05-07	Soltis Audrey			
Invoice Number	Transaction Date	Description	Amount Billed	Payments/Adjustments	Insurance Pending	Patient Responsibility
<p>For billing inquiries please contact your medical billing representative:</p> <p>Julie Laplant 800/328-2536, extension 8594</p> <p>PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION</p>						
					\$	0.00
					Balance Due From Patient:	